

JUL 21 1936

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

22647

1. PLACE OF DEATH

County Henry
Township
City Windsor

Registration District No. 14
Primary Registration District No. 4 Sub 1

File No.
Registered No. 17
St. _____ Ward)

2. FULL NAME William Lee Chipman

(a) Residence, No. _____ St., _____ Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 21, 1932

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
3 8 3

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chud
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Calhoun
(STATE OR COUNTRY) Missouri

FATHER
13. NAME Thomas Chipman

14. BIRTHPLACE (CITY OR TOWN) Henry County
(STATE OR COUNTRY) Missouri

MOTHER
15. MAIDEN NAME Calhoun Della Parks

16. BIRTHPLACE (CITY OR TOWN) Calhoun
(STATE OR COUNTRY) Missouri

17. INFORMANT Thomas Chipman
(ADDRESS) Calhoun, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calhoun, Mo. DATE June 24th, 1936

19. UNDERTAKER Huston-Turpin
(ADDRESS) Windsor, Missouri

20. FILED 6-24-36
Registrar [Signature]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 24, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 23, 1936, to June 24, 1936.
I last saw him/her alive on June 23, 1936. Death is said to have occurred on the date stated above, at 12:10 A. M.
The principal cause of death and related causes of importance were as follows:

Date of onset 6-23
Gun shot wound
Other contributory causes of importance 184

Name of operation none Date of _____
What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? accident Date of injury June 23, 1936
Where did injury occur? Calhoun, Mo.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Home
Manner of injury wound of head
Nature of injury shot through head

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) Ray B. Jordan M. D.
(Address) Windsor, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

